

Depression is estimated to be the second leading cause of disability world-wide by 2030.

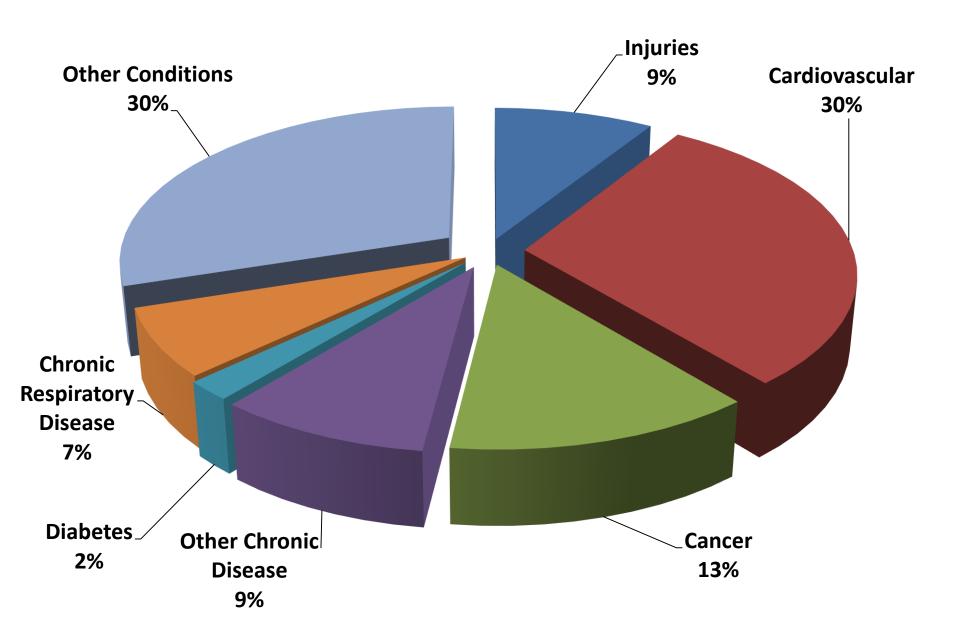
- World Health Organization

In 2011, the United Nations General Assembly meets to discuss the global impact of Non-Communicable Diseases (NCDs)



This is only the **second time** in the UN's history in which they have held a high level meeting on a health issue.

### **Deaths Attributed to NCDs**



NCDs are caused, to a large extent, by four behavioural risk factors that are pervasive aspects of economic transition, rapid urbanization and 21st-century lifestyles: tobacco use, unhealthy diet, insufficient physical activity (highest in high income countries) and the harmful use of alcohol. The greatest effects of these risk factors fall increasingly on low- and middle-income countries, and on poorer people within all countries, mirroring the underlying socioeconomic determinants. Among these populations, a vicious cycle may ensue: poverty exposes people to behavioural risk factors for NCDs and, in turn, the resulting NCDs may become an important driver to the downward spiral that leads families towards poverty. As a result, unless the NCD epidemic is aggressively confronted in the most heavily affected countries and communities, the mounting impact of NCDs will continue and the global goal of reducing poverty will be undermined.

From the introduction to the 2010 World Health Organization's Global Status Report on Noncommunicable Disease

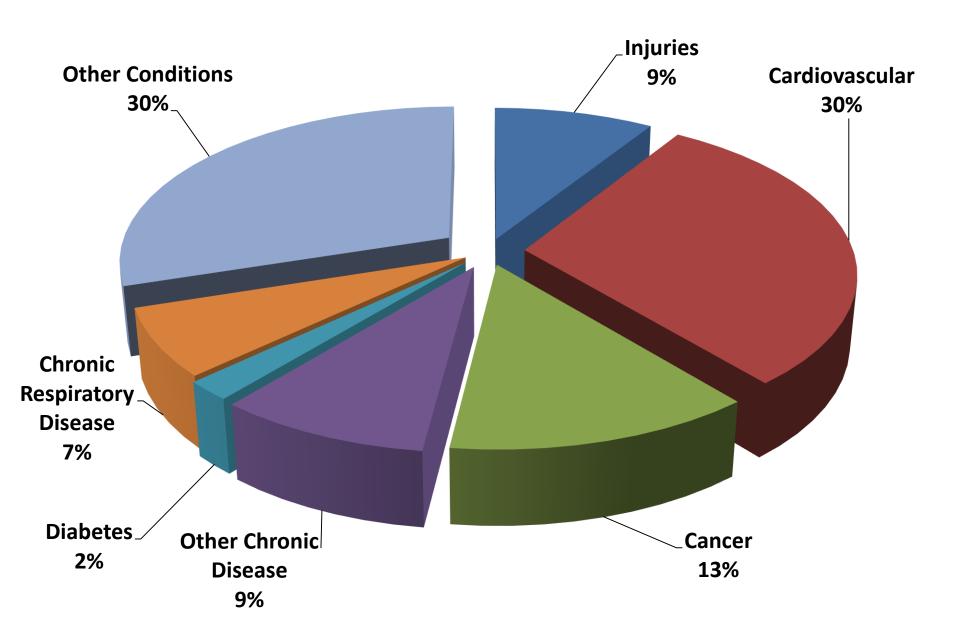
**Dr Ala Alwan**Assistant Director-General
World Health Organization

### Smoking rate in the nation ranks 49th



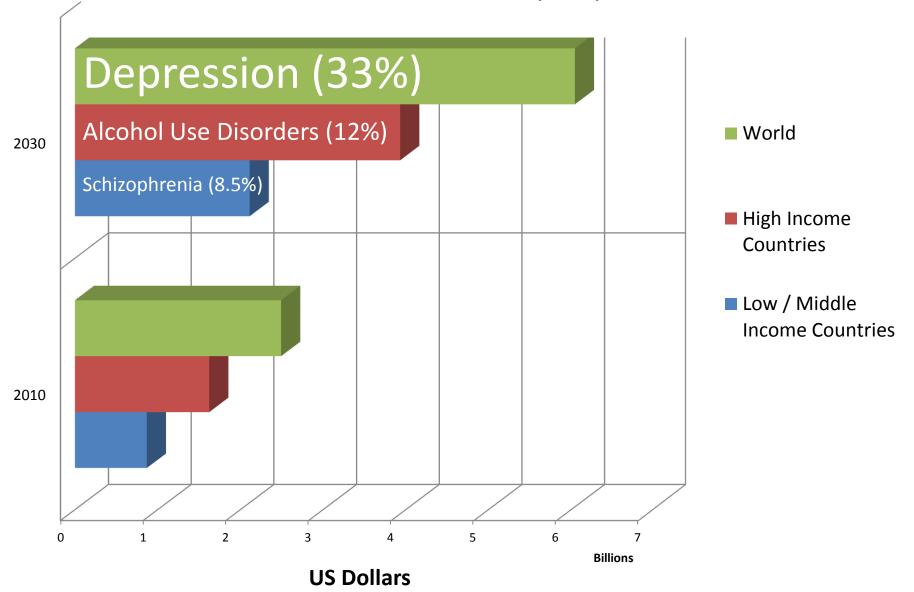
Ranked 48<sup>th</sup> on activity impacted by mental health issues

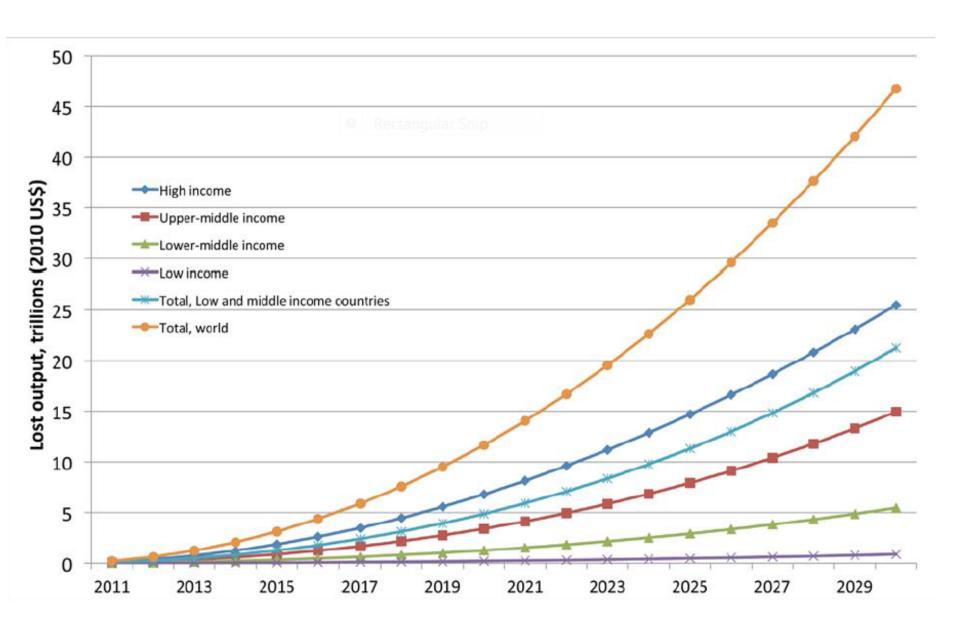
### **Deaths Attributed to NCDs**

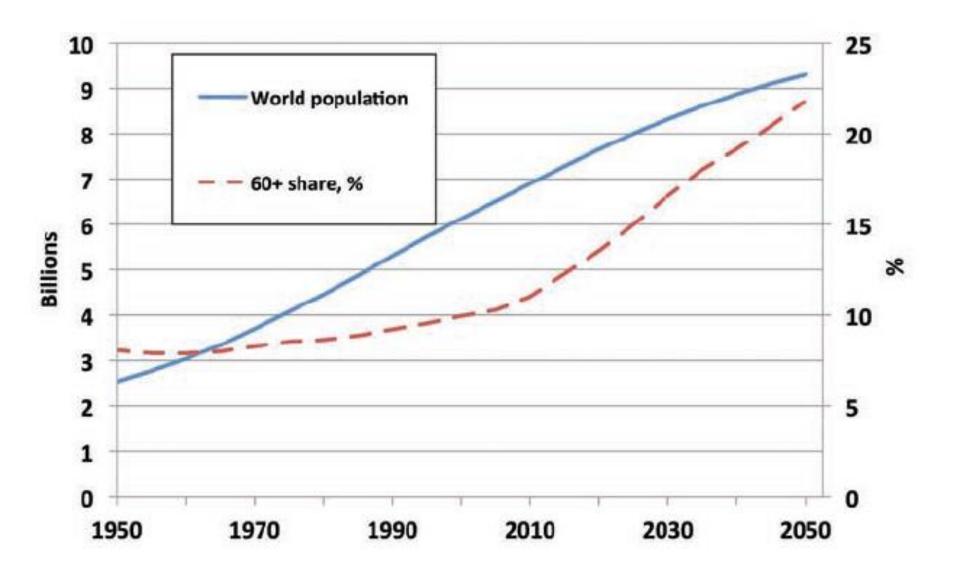


### **Cost of Mental Illness Projections**

Mental illness accounts for 37% of healthy life years lost to NCDs







## **Boomers**

74.9 million

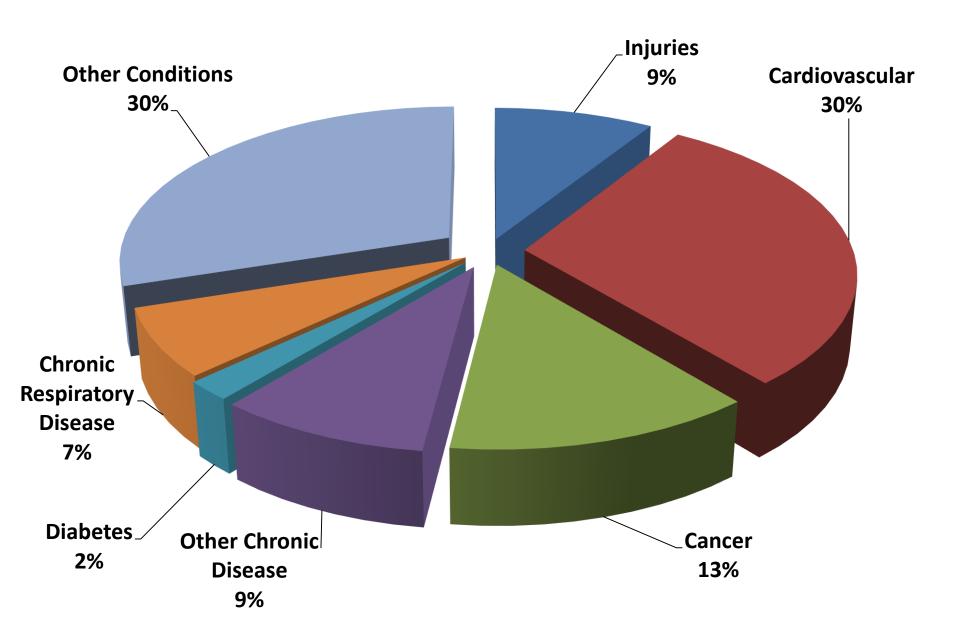
Generation X 66 million

## Millennials

75.3 million



### **Deaths Attributed to NCDs**



## The Big Three



# Depression

- Depressed mood most of the day, nearly everyday for at least two weeks
- Lost of interest or pleasure in most activities
- Significant change in appetite
- Sleep changes
- Changes in motor functioning
- Fatigue, loss of energy
- Feelings of worthlessness or inappropriate guilt
- Poor concentration, indecisiveness
- •Focus on suicide

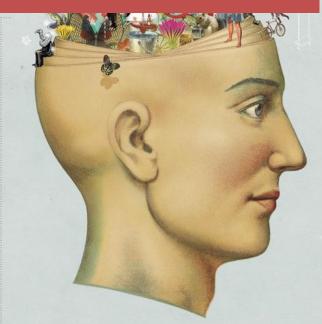




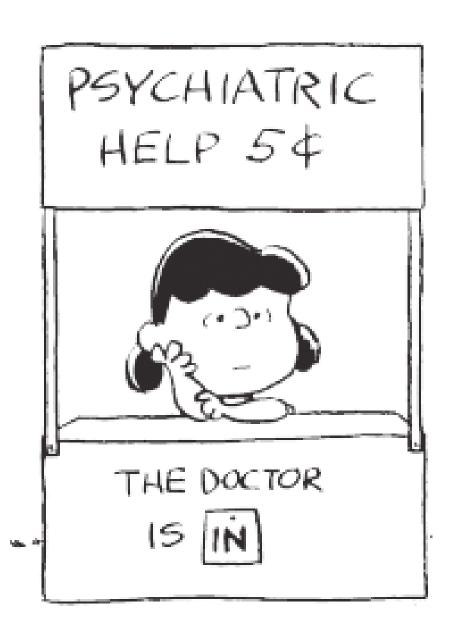
Extreme changes in behavior and performance are your best indicators





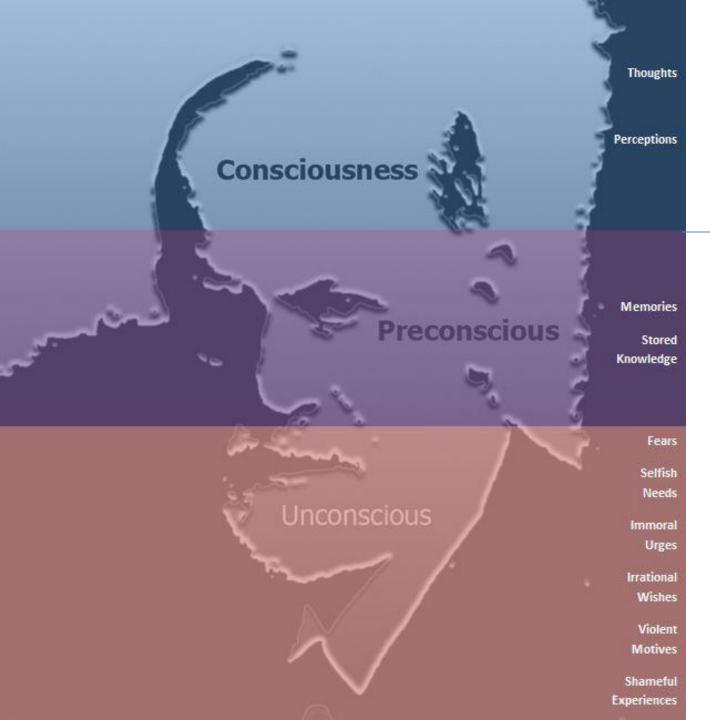


### Is it your job to be their therapist?



### **Dangers**

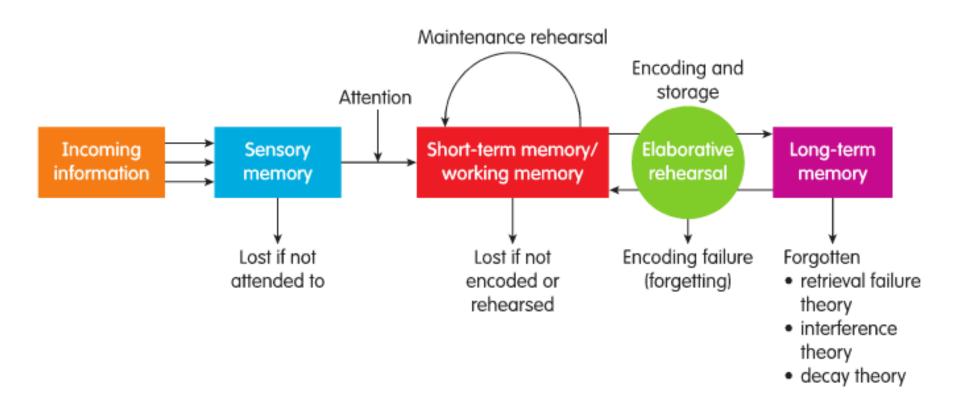
- Begins monopolizing your time
- Blurring of professional relationship
- Lack of training
- Suicidal or homicidal ideation



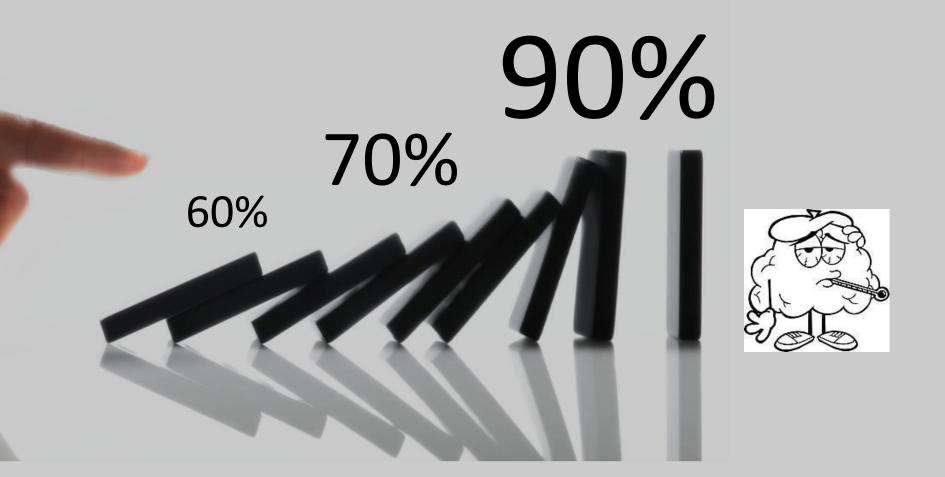
Short-term or Working Memory

Long-term Memory

## Theory of Memory



## **Kindling Hypothesis**



# Anxiety

- Avoidance
- Withdrawing / Isolation

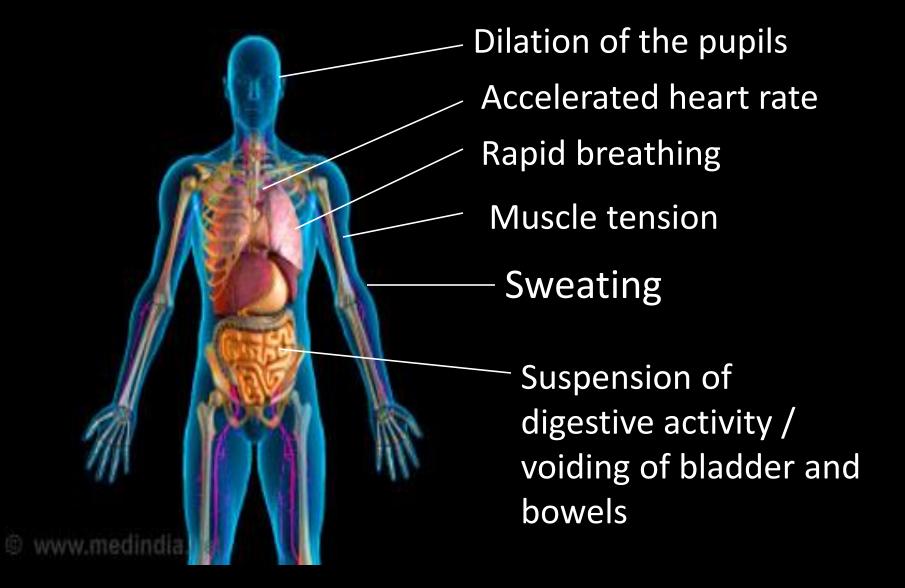


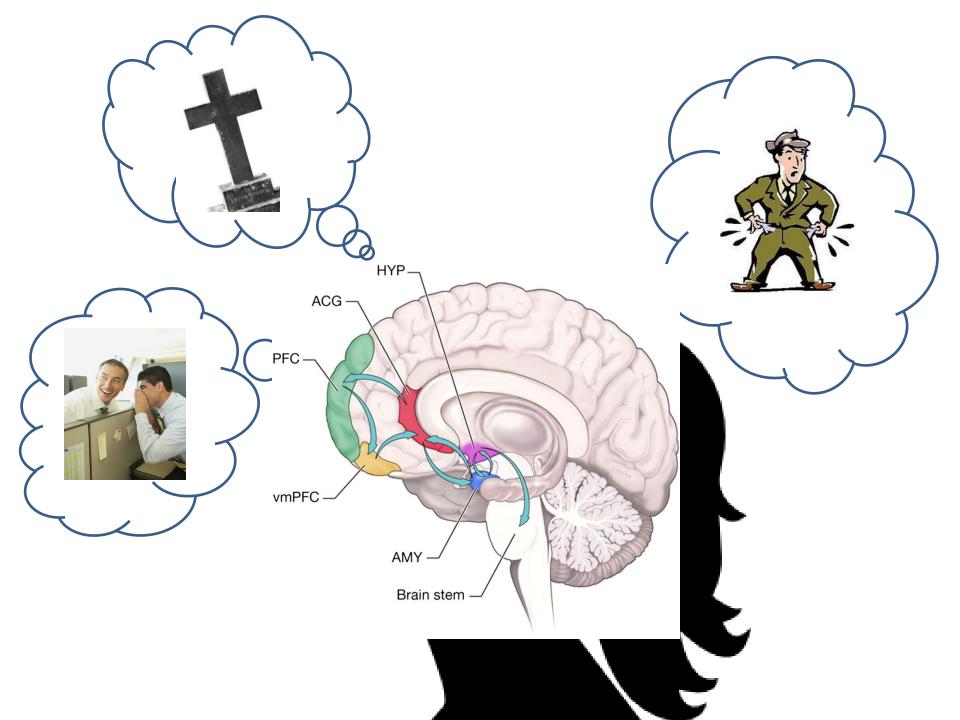
Distractibility

Irritability / Anger



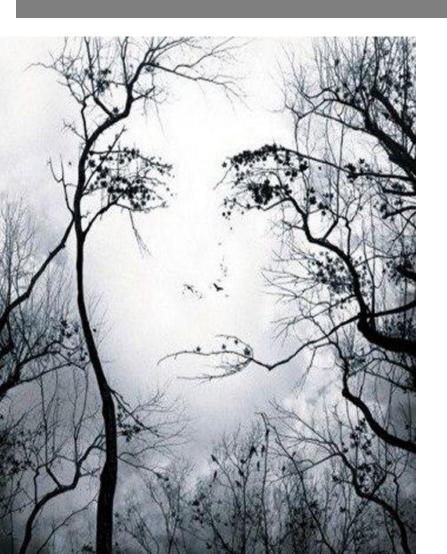
## Fight or Flight Response





# Psychosis

# Hallucinations Delusions



- DO NOT challenge
- •Acknowledge their experience
- •Use their language to argue for treatment
- Assess for danger to self or others

# Substance Abuse



## Signs

- Sweating
- Trembling
- Irritability
- Nausea
- Fatigue
- Seizures

## Signs

- Drowsiness
- Slurred Speech
- You cannot let this p
  - Impairment in attention/memory



## De-escalation Tips

- LISTEN repeat back with understanding.
- Be aware of the volume of your speech.
- Ask if the person is willing to sit down with you, but if not, then stand with them.
- Personal space maintain at least two arm's lengths away.
- Stand slightly at an angle to the person. Never toe to toe.
- Refrain from quick movements. Try to relax and breathe.
- Don't point, shake your finger or touch the person.
- Try to move conversation away from "feelings as fact" clarify problem and what can be done.
- Empathize with the emotions, but not the behavior if it is inappropriate. Set limits.
- Do not make promises that you cannot keep.
- Know when and how to leave.

It's pronounced...
[MEN-tl IL-nis]
not
[KREY-zee]

Fight Stigma











### Depression: 'Second biggest cause of disability' in world

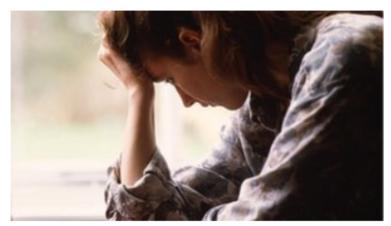
By Helen Briggs

**BBC News** 

Depression is the second most common cause of disability worldwide after back pain, according to a review of research.

The disease must be treated as a global public health priority, experts report in the journal PLOS Medicine.

The study compared clinical depression with more than 200 other diseases and injuries as a cause of disability.



Depression is common across the world

Globally, only a small proportion of patients have access to treatment, the World Health Organization says.

Depression was ranked at number two as a global cause of disability, but its impact varied in different countries and regions. For example, rates of major depression were highest in Afghanistan and lowest in Japan. In the UK, depression was ranked at number three in terms of years lived with a disability.

#### Related Stories

Depression risk 'starts in the womb'







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### Depression

Fact sheet Reviewed April 2016

#### Key facts

- Depression is a common mental disorder. Globally, an estimated 350 million people of all ages suffer from depression.
- Depression is the leading cause of disability worldwide, and is a major contributor to the overall global burden of disease.
- More women are affected by depression than men.
- At its worst, depression can lead to suicide.
- There are effective treatments for depression.

#### Overview

Depression is a common illness worldwide, with an estimated 350 million people affected. Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. Especially when long-lasting and with moderate or severe intensity, depression may become a serious health







mhGAP Intervention Guide

Comprehensive Mental Health Action Plan 2013-2020

Preventing suicide: a global imperative

Mental Health Gap Action



800-445-5327 or 502-564-5788 www.personnel.ky.gov/Pages/KEAP.aspx

### References

- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author.
- Ahlers, E., Hahn, E., Ta, T., Goudarzi, E., Dettling, M., & Neuhaus, A. (2014). Smoking improves divided attention in schizophrenia [Electronic version]. *Psychopharmacology*, 231(19), 3871-3877.
- American Psychological Association. (n.d.). Psychology and aging. Retrieved March 19<sup>th</sup>, 2018 from http://www.apa.org/pi/aging/resources/guides/aging.pdf
- Barlow, D. H. & Craske, M. G. (2000). *Mastery of your anxiety and panic: client workbook for anxiety and panic* (3<sup>rd</sup> ed.). Graywind Publication Inc.
- Charbonneau A, Bruning W, Titus-Howard T, Ellerbeck E, Whittle J, Hall S. et al. (2005). The community initiative on depression: report from a multiphase work site depression intervention. *Journal of Occupational & Environmental Medicine*, 47(1), 60-67.
- Duke University Medical Center. (2006, September 13). Nicotine Lessens Symptoms Of Depression In Nonsmokers. ScienceDaily. Retrieved March 28, 2018 from www.sciencedaily.com/releases/2006/09/060912225448.htm
- Ferrari, J., Charlson, F. J., Norman, R. E., Patten, S. B., Freedman, G., Murray, C. J. L., et al. (2013, November 5). Burden of depressive disorders by country, sex, age, and year: findings from the global burden of disease study 2010. *PLOS Medicine*, 10(11), Article e1001547. Retrieved March 7, 2018, from http://journals.plos.org/plosmedicine/article/authors?id=10.1371/journal.pmed.1001547
- Harvard School of Public Health & World Economic Forum. (2011, September 18). The global economic burden of non-communicable diseases. Retrieved March 8, 2018 from https://www.weforum.org/reports/global-economic-burden-non-communicable-diseases
- Insel, T. (2011, September). *The global cost of mental illness*. Retrieved March 3, 2018 from the National Institute of Mental Health Web site: <a href="https://www.nimh.nih.gov/about/directors/thomas-insel/blog/2011/the-global-cost-of-mental-illness.shtml">https://www.nimh.nih.gov/about/directors/thomas-insel/blog/2011/the-global-cost-of-mental-illness.shtml</a>
- National Council on Aging. (n.d.). Healthy aging facts. Retreived March 26, 2018 from https://www.ncoa.org/news/resources-for-reporters/get-the-facts/healthy-aging-facts/

### References

- Post, R. M. (1992). Transduction of psychosocial stress into the neurobiology of recurrent affective disorder. The American Journal of Psychiatry, 149(8), 999-1010.
- Skolnik-Acker, E. (2011, October). Verbal de-escalation techniques for defusing or talking down an explosive situation. Retrieved March 19, 2018 from the National Association of Social Workers - Massachusetts Chapter Web site:
  - http://www.naswma.org/?page=StudentMembership&hhSearchTerms= %22verbal+and+de-escalation%22
- Tavernise, S. (2016, April 22). U. S. suicide rate surges to a 30-year high.
   *The New York Times*. Retrieved March 19, 2018 from
   <a href="https://www.nytimes.com/2016/04/22/health/us-suicide-rate-surges-to-a-30-year-high.html">https://www.nytimes.com/2016/04/22/health/us-suicide-rate-surges-to-a-30-year-high.html</a>
- United Health Foundation. (n.d.). America's health rankings 2017 annual report: Kentucky. Retrieved on March 9, 2018 from <a href="https://www.americashealthrankings.org/explore/2017-annual-report/measure/Overall/state/KY">https://www.americashealthrankings.org/explore/2017-annual-report/measure/Overall/state/KY</a>
- World Health Organization. (2011, April). Global status report on noncommunicable diseases 2010. Retrieved March 9, 2018 from <a href="http://www.who.int/nmh/publications/ncd">http://www.who.int/nmh/publications/ncd</a> report2010/en/